

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE (0009389)

Address: 3712 DAMON STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096753 **End Date:** 03/07/2006 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011279 Served 03/23/2006

Deficiencies Cited
83.19(3)(e)

Subject Area
WHEN POLICE ARE CALLED TO FACILITY

Compliance
Verified

Corrected

Survey ID: 0096172 **End Date:** 01/09/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095051 **End Date:** 05/19/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094550 **End Date:** 03/29/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0093722 End Date: 10/27/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009721 Served 11/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	12/15/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	12/08/2004	Yes
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	01/15/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	01/15/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	12/01/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	12/01/2004	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	12/01/2004	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	12/31/2004	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	12/28/2004	Yes

Survey ID: 0092928 End Date: 06/16/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091603 End Date: 11/14/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/18/2004 **SOD #**10009721 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(c)

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Complaint History

Date Complaint Received: 12/12/2005

Date Investigation Completed: 01/09/2006

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/25/2005

Date Investigation Completed: 03/29/2005

Subject Area(s)

RESIDENT RIGHTS

PHYSICAL PLANTS & SAFETY HAZARDS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 03/21/2005

Date Investigation Completed: 05/11/2005

Subject Area(s)

RESIDENT RIGHTS

RESIDENT BEHAVIOR/FACILITY PRACTICE

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/25/2004

Date Investigation Completed: 11/18/2004

Subject Area(s)

SUPERVISION

RESIDENT RIGHTS

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

10009721

Date Complaint Received: 06/16/2004

Date Investigation Completed: 06/16/2004

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/11/2003

Date Investigation Completed: 11/14/2003

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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